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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: Gotz et al.

Serial No.: 10/714,692

Examiner: Christine Sung

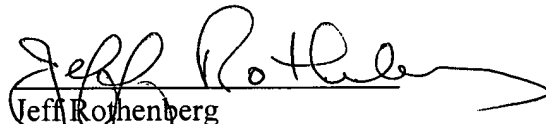
Filing Date: November 17, 2003

Group Art Unit: 2878

Title: RADIOMETER, SIGHTING DEVICE FOR A RADIOMETER AND  
METHOD THEREFOR

CERTIFICATE OF MAILING

I hereby certify that this correspondence is being deposited with the U.S. Postal Service as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on June 25, 2004 .

  
Jeff Rothenberg  
Attorney for Applicant  
Reg. No. 26,429

Date of Signature: June 25, 2004

Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450





PRELIMINARY AMENDMENT

Dear Sir:

Kindly amend the above-identified application as follows:

In the Claims:

Kindly rewrite the pending claims as follows:

<b>AMENDMENT TRANSMITTAL LETTER (Large Entity)</b>				Docket No. <b>2347.001</b>							
Applicant(s): <b>Gotz et al.</b>											
Application No. <b>10/714,692</b>	Filing Date <b>11/17/2003</b>	Examiner <b>Christine Sung</b>	Customer No. <b>23405</b>	Group Art Unit <b>2878</b>	Confirmation No.						
Invention: <b>RADIOMETER SIGHTING DEVICE FOR A RADIOMETER AND METHOD THEREFOR</b>											
<b>COMMISSIONER FOR PATENTS:</b>											
Transmitted herewith is an amendment in the above-identified application. The fee has been calculated and is transmitted as shown below.											
<b>CLAIMS AS AMENDED</b>											
	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST # PREV. PAID FOR	NUMBER EXTRA CLAIMS PRESENT	RATE	ADDITIONAL FEE						
TOTAL CLAIMS	52 -	52 =	0 x	\$18.00	\$0.00						
INDEP. CLAIMS	16 -	16 =	0 x	\$86.00	\$0.00						
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					\$0.00						
<b>TOTAL ADDITIONAL FEE FOR THIS AMENDMENT</b>					<b>\$0.00</b>						
<input checked="" type="checkbox"/> No additional fee is required for amendment. <input type="checkbox"/> Please charge Deposit Account No. _____ in the amount of _____ <input type="checkbox"/> A check in the amount of _____ to cover the filing fee is enclosed. <input type="checkbox"/> The Director is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account No. <input type="checkbox"/> Any additional filing fees required under 37 C.F.R. 1.16. <input type="checkbox"/> Any patent application processing fees under 37 CFR 1.17.											
 Signature			Dated: <b>June 25, 2004</b>								
<b>Jeff Rothenberg, Reg. No. 26,429</b> <b>Attorney for Applicants</b> <b>HESLIN ROTHENBERG FARLEY &amp; MESITI P.C.</b> <b>5 Columbia Circle</b> <b>Albany, NY 12203</b> <b>Tel: (518) 452-5600</b> <b>Fax: (518) 452-5579</b>			<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="2">I certify that this document and fee is being deposited on 06-25-2004 with the U.S. Postal Service as first class mail under 37 C.F.R. 1.8 and is addressed to the Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.</td> </tr> <tr> <td colspan="2" style="text-align: center;">             Signature of Person Mailing Correspondence         </td> </tr> <tr> <td colspan="2" style="text-align: center;"> <b>Jeff Rothenberg</b>            Typed or Printed Name of Person Mailing Correspondence         </td> </tr> </table>			I certify that this document and fee is being deposited on 06-25-2004 with the U.S. Postal Service as first class mail under 37 C.F.R. 1.8 and is addressed to the Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.		 Signature of Person Mailing Correspondence		<b>Jeff Rothenberg</b> Typed or Printed Name of Person Mailing Correspondence	
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CC:											